

ONE DAUGHTER'S STORY

USE OF SAFETY DEVICES In Montana's Assisted Living Facilities¹

My mother is 88 years old. She is confused and unsteady on her feet. After falling several times at home, she moved to an assisted living facility. The facility we chose has a good reputation. I was comfortable the staff would keep Mom safe and help her continue to walk.

Then it happened. I got a call from the facility saying they sent Mom to the emergency room. She had tripped over another resident's walker and fell flat on her face. She had a bad cut on her forehead and her knee was badly bruised. I cried when I saw her. She returned to the facility in a wheelchair with a lap tray. I felt a lot better believing the chair and tray would protect her from further falls.

Mom didn't like the chair. She kept pleading with staff to "let me out of this chair." You can imagine my concern when the staff said they wanted to use a buckle belt. I couldn't believe it. What were they thinking? Mom was still complaining about the chair, but I wasn't sure she knew what was best for her. I talked regularly with the staff. I knew their plan was to gradually remove the buckle belt on Mom's wheelchair so she could get up and walk again. I was so scared.

Mom's forehead and knee healed. The staff said they wanted to try some periods of time without the buckle belt and for her to try walking again. I agreed but was very worried about Mom getting out of the wheelchair and falling again. I called the state's long-term care specialist (ombudsman) for advice. To my dismay, the ombudsman agreed with the staff that there was no medical condition to continue using the buckle belt. Mom's clear dislike of the buckle belt and her attempts to escape indicated that we should try something less restrictive. After talking to her doctor, the buckle belt was reduced to a Velcro belt that Mom could release. Since the belt could no longer keep her in the wheelchair, she walked all over the place.

I realize now that if we continued to keep Mom in the wheelchair she probably would not be walking today. She is still restless and confused at times, but far less than when she was buckled in the wheelchair. I still worry about her safety, but I am thrilled every time I see her walking. I am happy that the staff at the assisted living facility worked with me to show me the possibilities for Mom. I know Mom's freedom and independence are still important to her, just as mine are to me.

¹ Adapted from the Minnesota Department of Health, "Safety Without Restraints: A New Practice Standard for Safe Care," <http://www.health.state.mn.us/divs/fpc/safety.htm>

INTRODUCTION

The safety of people living in assisted living facilities is a high priority for families and for health care workers. But what is the best way to ensure the safety of residents who are unsteady or forgetful? Various types of devices are used to prevent falls and injuries. These include belts, vests, bed rails, and specialized chairs. In the past, health care workers and families used these devices in the belief that they were acting in the best interests of the resident. However, new information indicates there are better safety methods that can be used.

Legislation was recently passed that asked the Department of Public Health and Human Services, Quality Assurance Division, to help teach residents and families about safety devices. This handout was created to explain different ways to achieve resident safety and to clear up common misunderstandings about safety.

WHAT IS A SAFETY DEVICE?

A safety device is a bed rail, tray table, seatbelt, or other similar device. These devices are used to reduce the risk of falls or other injuries related to the resident's medical condition or symptom. Although the purpose of a safety device is to help reduce the risk of falls, they may increase agitation in a confused person because they restrict movement.

A safety device may not be used to threaten or punish a resident or for staff convenience. Safety device use must be constantly reviewed because of the potential dangers involved. An effort must always be made to use the least restrictive device and to restore each person to his or her highest possible level of independence.

WHO CAN REQUEST A SAFETY DEVICE?

A competent resident (someone living in the facility who is able to decide what kind of care he/she wants or needs) has a choice of whether to use a safety device. A family member may not agree with the resident's decision, but they cannot override the resident's request.

Some residents cannot make this decision because they are not able to communicate or because their doctor finds they are not able to understand the risks of using or not using a safety device. In these cases, a family member, a guardian or a person who has been granted the power of attorney for health care decisions can make the request.

Once a resident or family member requests a safety device, the doctor must agree to its use.² The doctor's order for a safety device must state:

- The medical symptom it is being used for;
- When and why it can be used; and
- How long it can be used.

Because of the risks mentioned on the next page, the doctor may not be willing to order a safety device even though the resident or family has requested one. An assisted living facility may not use a safety device without a doctor's order.

² The term doctor is used in this handout in place of a physician or advance practice registered nurse (commonly known as a nurse practitioner). Either can order a safety device to be used.

WHAT IS THE ROLE OF SAFETY DEVICES IN PROVIDING SAFE CARE?

<p>RISKS WITH SAFETY DEVICES</p> <p>Falls Accidental Hanging or Strangulation Weak Muscles Pressure (Bed) Sores Not Able to Move or Walk as Well Stiffness Loss of Bone Mass (Break More Easily) Agitation or Confusion Frustration Loss of Dignity Loss of Bladder Control Constipation</p> <p>RISKS WITHOUT SAFETY DEVICES</p> <p>Falls</p>	<p>Safety devices are used to reduce the risk of falls and injuries. They can remind a resident not to get up without help. Safety devices are sometimes useful as a short-term measure when the person is being treated for another medical problem or when other measures have failed. However, applying safety devices routinely or for lengthy periods should be avoided whenever possible. This is because their use often leads to increased dependence and disability.</p> <p>Research suggests that some devices are more likely to cause harm than prevent it. Their use may lead to muscle loss and bone weakness. A recent study showed falls occur more often when some devices were used. Other studies show no increase in serious injuries when less</p>
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restrictive safety measures are used. A dramatic decrease in behavior problems has been shown when some devices are removed. This may be because people often feel humiliated, become depressed, fearful, or agitated when their freedom of movement is taken away from them.

Families often request a bed rail. Bed rails are a form of safety device that can only be used in assisted living facilities with a doctor's order. Bed rails may help a person to move around in bed, sit up, or get out of bed. On the other hand, bed rails can be unsafe for confused or agitated individuals. These people may be harmed by sliding between the rails or attempting to climb over them. The number of serious injuries and deaths linked with bed rail use prompted the U.S. Food and Drug Administration (FDA) to issue an alert about their use in 1995. In Montana, bed rails that extend the entire length of the bed may not be used. However, bed rails that extend half the length of the bed are allowed.

WHAT CAN THE ASSISTED LIVING FACILITY DO TO AVOID USING A SAFETY DEVICE?

Safety devices may not be needed when residents are helped to make the most of their abilities and living spaces are made friendlier. Examples of ways to help the resident include:

1. Build strength with exercise and treatment programs;
2. Use hearing aids, eyeglasses, walkers, canes, grab bars, etc.;
3. Use positioning devices such as body and seat cushions, and padded furniture;
4. Remind the person (or take them) to use the bathroom on a regular basis;
5. Offer frequent drinks and snacks;

6. Talk, play cards, go for walks – do the things the person liked to do before coming to the facility (to the best of their current abilities);
7. Assign staff to specific residents so they are familiar with one another.

Examples of ways to design safer living space include:

1. Remove scatter rugs, furniture, plants, etc. in a hallway or walk way that can be tripped over;
2. Place objects and furniture in familiar places;
3. Lower beds and provide good lighting;
4. Use an open floor plan so that staff can easily see the residents;
5. Use bed and chair alarms to alert staff when a resident needs help;
6. Use door alarms for residents who may wander away.

WHAT IF A SAFETY DEVICE IS BEING CONSIDERED FOR YOUR FAMILY MEMBER?

If a safety device is being considered (or is already being used as part of a plan of care), there are a number of ways for the family to become involved:

- Ask for a detailed assessment of why the safety device is needed;
- Ask what might be used in place of the safety device; and
- Play an active part in deciding whether to use a safety device.

You can provide useful information about your family member's likes, dislikes, and habits that may help avoid or reduce the use of a safety device. If you notice a change in how your family member acts, tell staff right away. The change might mean your family member no longer needs the safety device or that a problem has developed that should be addressed.

IS SAFETY COMPATIBLE WITH HIGH QUALITY LIFE?

Providing safe care for individuals with physical and/or mental limits is a concern for family members and health care workers. There is no effective and humane way to prevent all falls. But there is clear evidence that safe care can be provided for older people without applying safety devices that restrict freedom and create other serious risks. Many older people would rather be able to move about as they wish, even if it means that they might fall, than be confined to a chair or bed. Only the resident and/or their family can make the decision to use or not use a safety device. This decision should consider whether the person's quality of life will be better with or without the device.